SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR SIGN BAYFIELD COUNTY, WISCONSIN

NOV 09 2021

Bayfield Co.
Planning and Zoning Agency

1
71-0394
11-30-20-1
\$50 Sign Permit \$175 Special A 11-17-21 FIG

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s)	Name:	A TOTAL SOLIT LINE		Mailing Ad	ldress:		City/State/Zip:		Phone:	
Joint S	chuo	District #		P.O.	Box 4	0	Port Virg, V	I 54865	715-7	74-3500
Sign Owner(s) Name	e:	0 1 1	,	Mailing Ad			City/State/Zip:		Phone:	
Joint S	Uhoo	Disdrict #	1	P.O.		0	Part Ving . V.	I 54865	715-7	174 -3500
Address of Property	Sch	ool Road	74),	City/State/	/Zip: Port	Ving ,	WI 54	865		
Contractor:		Mowski		Contractor	Phone:	Address:	40 Part Wi		165	
		Signing Application on behalf of Ov	vner(s))	Agent Pho		Agent Maili	ng Address (include Cit	ty/State/Zip):		thorization
Clendon	Gus	itatson		715-774	1-3500	1.132	40 Port Ving,	20 2 2 2 2	Attached Yes	No
Y .			ند يناك				District Control of the Control of t		- A 163	110
PROJECT LOCATION	<u>Leg</u>	al Description: (Use Tax Sta	tement)	<u>Tax ID</u> : (4 c	or 5 digits)	18869	45	Recorded Docu	ument: (i.e. Prope <u>le</u> Page(s	rty Ownership) 1482
1/4, _		1/4 Gov't Lot	Lot(s)	CSM	Vol & Pag		Els) Block(s) No. Subdivision: OKERSTROM HE			
Section 2	+1	, Township <u>50</u> N, Ran	nge 08	_ w	Town of:	Port 1	Wing	Lot Size	Acreage	1,500
Section 2		s Property/Land within 300	feet of Riv	er, Stream(incl. Intermitten	t) Distance	Structure is from SI	Lot Size	Acreage Is Property in	500
Section 2	□ II		feet of Riv	er, Stream (If yesc ke, Pond or	incl. Intermitten	Distance	e Structure is from SI	Lot Size noreline : feet roreline :	Acreage	Are Wetlands Present? Yes
	□ II	s Property/Land within 300 eek or Landward side of Floo	feet of Riv	er, Stream (If yesc ke, Pond or	incl. Intermitten	Distance		Lot Size	Is Property in codplain Zone?	Are Wetlands Present?
☐ Shoreland — Non-Shoreland	□ II	s Property/Land within 300 eek or Landward side of Floo	feet of Riv	er, Stream (If yesc ke, Pond or	incl. Intermitten	Distance		Lot Size noreline : feet roreline :	Is Property in codplain Zone?	Are Wetlands Present? Yes
☐ Shoreland —	□ II	s Property/Land within 300 eek or Landward side of Floo	feet of Riv	er, Stream (If yesc ke, Pond or	incl. Intermitten	Distance		Lot Size noreline : feet roreline :	Is Property in codplain Zone?	Are Wetlands Present? Yes No
□ Shoreland □ Non-Shoreland Value at Time of Completion * include donated time	Cre	s Property/Land within 300 sek or Landward side of Floo s Property/Land within 1000 Project	feet of Riv	er, Stream (If yesc ke, Pond or	Flowage	Distance	Structure is from SI	Lot Sizenoreline :feetfeetfeet	Is Property in coodplain Zone? Yes No	Are Wetlands Present? Yes No
□ Shoreland □ Non-Shoreland Value at Time of Completion * include donated time & material	Cre	s Property/Land within 300 sek or Landward side of Floors Property/Land within 100 sek. Project (What are you applying for)	feet of Rivodplain?	er, Stream (If yesc ke, Pond or If yesc	Flowage continue	Distance	Length	Lot Size noreline: feet roreline: feet Width	Is Property in oodplain Zone? Yes No	Are Wetlands Present? Yes No Located in Town of Bayfield Yes TBA is
□ Shoreland — Non-Shoreland Value at Time of Completion * include donated time	l:	Project (What are you applying for) or Properties On-Premise	feet of Rivodplain? D feet of La	er, Stream (If yesc ke, Pond or If yesc	Flowage continue	Distance Distance Type 1-Sided	Length 96.75"	Lot Sizenoreline :feetfeetfeet	Is Property in oodplain Zone? Yes No Height	Are Wetlands Present? Yes No Located in Town of Bayfield

ent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection

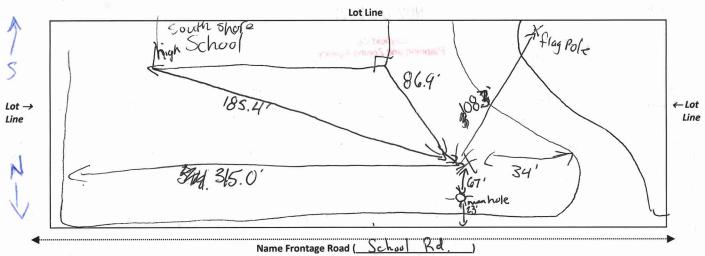
Owner(s): Joint School District #1	Date Nov. 1 2021
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	Date
Applicant(s): Clendon Gustatson & Aidan Olkonski	Date Nov. 1 2021
(If you are applying for an Off-premise sign; the property owners must also sign this form)	1-1-1-5
Authorized Agent: What I HASTY	Date 11/1/202/
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	-1//
Address to send permit PD. Box 90 Furt Ving WI 54865	Attach

Copy of Tax Statement If you recently purchased the property send your Recorded Deed 2. Show the sign location

RECEIVED

IMPORTANT Detailed Plot Plan is Neccessary

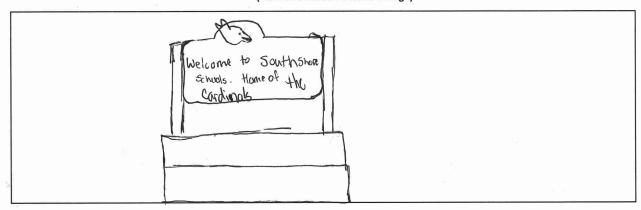
3. Show dimensions in feet on the following:



Setbacks: (measured to the closest point)

	Measureme	ent	Description	Measurement		
Setback from the Centerline of Platted Road	92	Feet	Setback from the North Lot Line	67' 50 Fe		
etback from the Centerline of Platted Road etback from the Established Right-of-Way	52 -67	Feet	Setback from the South Lot Line	-1, 375 Fe		
		1.	Setback from the West Lot Line	1 14 Fe		
Setback from Lake, River, Stream or Pond	1	Feet	Setback from the East Lot Line	? 15 Fe		
Setback from Other Sign(s)	1	Feet		· · · · · · · · · · · · · · · · · · ·		

Sign Plan (Fill in Information Desired on Sign)



Issuance Information (County Use Only)	Permit Number: 21-0394	Permit Date: // 35-3	22/
Permit Denied (Date):	Reason for Denial:	public of part of traditions to several section of management is specifically and a facilities	the board the control of the control
Granted by Variance (B.O.A.)	Previously Gr	anted by Variance (B.O.A.)	
☐Yes ☐ No Case #:	□Yes □ No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated Was Proposed Building Site Delineated		Was Property Surveyed	Yes No No No
Inspection Record: Existing sign. sign. Sign Just the sign portion is be.	n four-dation (posts in updated,	Will femain and	Zoning District (R4) Lakes Classification (-)
Date of Inspection: 11 - 10 - 20	Inspected by:		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac Sign must meet the region	thed? AYes No-(If No they need to	obe attached.) of the Bayfield (ionity Zonrug
Signature of Inspector:	mal		Date of Approval:

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138 Fax – (715) 373-0114

e-mail: zoning@bayfieldcounty.org

Website: www.bayfieldcounty.org/147

Date Zoning Received (Stamp Here)

(Stamp Here

NOV 17 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Joint School District #1 0	Contractor Aidan Olkowski
Property Address A	uthorized Agent Clenda Gustafson
9135 School Rd. Port Wing VI 54865 A	gent's Telephone 715 - 774 - 3500
7 7711 2-	Vritten Authorization Attached: Yes No ()
Accurate Legal Description involved in this request (specify on	the property involved with this application)
1/4 of 1/4, Section 2_, Township 50 N.,	Range 8 W. Town of Port Ving
Govt. Lot Lot 18-34 Block _ 7 Subdivision Oherstran	Heydloff Addition to Port Ving CSM#
Volume 296 Page 482 of Deeds Tax I.D# 28869	
Additional Legal Description:	
 <u>Applicant</u> : (State what you are asking for) Zoning Distr i	ct: R-V Lakes Classification -
South Share School District is seel	ring approval to have a
South Shure School District is seel class remove the existing sign and	construct a new one.
We, the Town Board, TOWN OF	, do hereby recommend to
☐ Table Approval	☐ Disapproval
☐ Table Approval Have you reviewed this for Compatibility with the Compreh	☐ Disapproval pensive and/or Land Use Plan: ☐ Yes ☐ No
☐ Table ☐ Approval Have you reviewed this for Compatibility with the Compreh Township: (In detail clearly state Town Board's reason for reco	☐ Disapproval pensive and/or Land Use Plan: ☐ Yes ☐ No
☐ Table Approval Have you reviewed this for Compatibility with the Compreh	☐ Disapproval pensive and/or Land Use Plan: ☐ Yes ☐ No
☐ Table Approval Have you reviewed this for Compatibility with the Compreh Township: (In detail clearly state Town Board's reason for reco	☐ Disapproval pensive and/or Land Use Plan: ☐ Yes ☐ No
Table Have you reviewed this for Compatibility with the Compreh Township: (In detail clearly state Town Board's reason for reco	Disapproval densive and/or Land Use Plan: Yes No demmendation of tabling, approval or disapproval) Signed:
Table Have you reviewed this for Compatibility with the Compreh Township: (In detail clearly state Town Board's reason for reco	Disapproval densive and/or Land Use Plan: Yes No demmendation of tabling, approval or disapproval) Signed: Chairman: Bussel Barley
Table Have you reviewed this for Compatibility with the Compreh Township: (In detail clearly state Town Board's reason for reco	Disapproval vensive and/or Land Use Plan: Yes No symmetry of tabling, approval or disapproval) Signed: Chairman: Supervisor:
Table Have you reviewed this for Compatibility with the Compreh Township: (In detail clearly state Town Board's reason for reco **THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval	Disapproval densive and/or Land Use Plan: Yes No demmendation of tabling, approval or disapproval) Signed: Chairman: Supervisor: Supervisor: Supervisor:
Table Have you reviewed this for Compatibility with the Compreh Township: (In detail clearly state Town Board's reason for reco ** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax	Disapproval densive and/or Land Use Plan: Yes No commendation of tabling, approval or disapproval) Signed: Chairman: Supervisor: Supervisor: Supervisor:
Table Have you reviewed this for Compatibility with the Compreh Township: (In detail clearly state Town Board's reason for reco **THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax	Disapproval densive and/or Land Use Plan: Yes No demmendation of tabling, approval or disapproval) Signed: Chairman: Supervisor: Supervisor: Supervisor:



SOUTH SHORE SCHOOL DISTRICT

Post Office Box 40 Washington and School Streets ■ Port Wing, Wisconsin 54865-0040 (715) 774-3500 ■ FAX (715) 774-3569

November 1, 2021



Bayfield County Zoning Department:

South Shore School District (Joint School District #1) hereby grants permission for Clendon Gustafson to sign as the authorized agent on behalf of the district. Aidan Olkowski will hereby act as the contractor for this project.

Authorized Agent:

Contractor:

Date: //

Date: 11-1-2021

Sincerely;

Clendon Gustafson
District Administrator

Bayfield County, WI

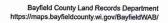


Existing

Driveways Buildings

Section Lines

Municipal Boundary



Bayfield

Real Estate Bayfield County Property Listing

Today's Date: 11/19/2021

Property Status: Current Created On: 3/15/2006 1:16:00 PM

Description Updated: 2/10/2014

Tax ID:

28869

1.500

PIN:

04-042-2-50-08-28-3 00-236-31000 Legacy PIN: 042110705000

Map ID:

Municipality:

(042) TOWN OF PORT WING

S28 T50N R08W

STR: Description: OKERSTROM HEYDLOFF ADDITION TO

PORT WING LOTS 18-34 BLOCK 7 TOG WITH VACATED PORTION OF LAKE AVE & TOG WITH VACATED EAST-WEST

ALLEY IN V.938 P.338 1263A

Recorded Acres: Calculated Acres:

1.659 Lottery Claims: 0 First Dollar: No

Zoning: (R-4) Residential-4

ESN: 127

Tax Districts Updated: 3/15/2006 1 STATE 04 COUNTY 042 TOWN OF PORT WING 044522 SCHL-SOUTHSHORE 001700 TECHNICAL COLLEGE

Recorded Documents

ORDER Date Recorded: 2/15/2006

2006R-505049 938-338

Updated: 2/27/2007

Ownership

UNKNOWN

Updated: 2/10/2014

JT SCHOOL DISTRICT 1

Billing Address: JT SCHOOL DISTRICT 1 **Mailing Address:** JT SCHOOL DISTRICT 1

UNKNOWN

Site Address * indicates Private Road

9135 SCHOOL RD PORT WING 54865

Property Assessment Updated: 3/15/2006 2021 Assessment Detail Code Acres Land Imp. X4-EXEMPT OTHER 1.500 0 0 2-Year Comparison 2020 2021 Change Land: 0.0% 0 0 Improved: 0 0 0.0% Total: 0 0 0.0%

Property History

N/A

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL - (A) (Town of Port Wing-11/17/2021)
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0394		Issued	To: Jo	int Sc	hool Distri	ct #1						
Location:	1/4	of	1/4	Section	28	Township	50	N.	Range	8	W.	Town of	Port Wing
Gov't Lot		Lot		Blo	ck	Sul	odivisio	n				CSM#	

Commercial

For: Other: [On-Premise Sign] Replacement of 1-sided Sign (8' x 5.25') Height of 8'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Sign must meet the requirements of Article E of the Bayfield County Zoning Ordinance.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

November 30, 2021

Date

SUBMITE COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN MAY 28 2021 Bayfield Co. Zoning Dept.

Permit #: Date: Amount Paid: \$175 11-10-21 TBA Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONSTR				•	D TO APP	PLICANT.								
TYPE OF PERMIT I	REQUEST	TED-	LANI	D USE	SANITA	PERSONAL PROPERTY.		CONI	DITIONA	L USE 🏄 SPEC	CIAL USE	☐ B.O.	A. 🗆 C	OTHER
Owner's Name:	1	/.	1.1			ailing Add				/State/Zip:		1,000	Telephor	
Janu Borr	TON	JON	i lovi		P	0.15	0792		M	ORT WWG	,WI	54865	- 7/5	TT4 333
Address of Property	: /					ty/State/	7			9			Cell Phor	ie:
9499 Sun	MYS	105		-			ume u			565				129244
contractor:					Co	ntractor l	Phone:	Plumbe	r:				Plumber	Phone:
Authorized Agent: (Person Sign	ning Appli	cation on behal	f of Owner(s))	Ag	gent Phon	e:	Agent N	lailing Ad	dress (include City/	State/Zin):		Written	Authorization
				4						(J. 107.		Attached	l,
PROJECT					PII	N: (23 digi					Recorded	d Documen	☐ Yes	Oerty Ownership
LOCATION	Legal	Descrip	tion: (Use T	ax Statement		289					Volume	925	Page	(s) <u>848</u>
<u>NW</u> 1/4,	115	- 1/0	Gov't	Lot L	ot(s)	CSM	Vol & Page		Lot(s) No	. Block(s) No.	Subdivisi			
1/4, _	100	_ 1/4						15						
Section 2	3 T	ownshin	50	N, Range	× 10/	,	Town of:				Lot Size		Acrea	ge
Jection		Ownship		v, Kange	 vv		PORT	TWU	16				40	ソ
	☐ Is F	Property	/Land within	n 300 feet of	River, S	tream (in	ncl. Intermittent)	Dista	ance Stru	cture is from Sho	reline :			
Chanaland	Creel			of Floodplain	-		ontinue -	1		450	feet		erty in in Zone?	Are Wetland Present?
Shoreland —	☐ Is P	s Property/Land within 1000 feet of L						2017	ance Stru	cture is from Sho	reline :		Yes	X Yes
					,	If yesco	ontinue -	·		and the same of th	feet	*	No	□ No
☐ Non-Shoreland	1						1.7	a)						
Value at Time						No.								Sala assess
of Completion		Drois		# of St	orios	u iz			#		What Ty	pe of		
* include		Proje		and/or ba		nt	Use		of		er/Sanita		n	Water
donated time & material								bed	rooms	ls	on the pi	roperty?		
THOIR HA	☐ Nev	v Const	ruction	1-Stor	У		Seasonal	X:		☐ Municipal/	City			☐ City
\$	☐ Add	lition/A	lteration	☐ 1-Stor	y + Loft	: 18	ear Round		2	☐ (New) Sanit	tary Spec	ify Type: _		X Wel
328,000		version		☐ 2-Stor	У		Ŷ		3	☐ Sanitary (E)	cists) Spe	cify Type:		
			xisting bldg)	☐ Basem						☐ Privy (Pit)			200 gallo	on)
		ı a Busıı perty	ness on	☐ No Ba	sement	t	7.7		lone	□ Portable (w				
		perty		IN SLAN				141		Compost To	ollet St	INMA	NE	
							***************************************			1 None		- 1		L
Existing Structure		rmit beir	ng applied fo	r is relevant	to it)	70.00	gth: 6 c) .	- 7.5	Width: 2	4		ight: §	3
Proposed Constr	uction:				1	Len	gth:			Width:		He	ight:	
Proposed Us	9	1				Drong	osed Struct	uro	We do not					Square
							15 5-1107	No.	11116			Dimensio	ns	Footage
	-						on property)		110 01	(X)	1152
	-	_×_	Kesidence	e (i.e. cabin with Lof		ng shack	, etc.)			48 x 24	(2	- Ore-	4	576
▼ Residential	Use			with a P							1	X		
	- 1			with (2 nd)					1	X)	
		·		with a D	Contract of the Contract of th						(Х)	
			-	with (2 nd	-						(Х)	288
Commercial	Use						Convertes				(24	L X 2	1)	576 V
				se w/ (□ sar	nitary, <u>o</u>	<u>r</u> 🗆 slee	ping quarters	s, <u>or</u> 🗆 o	ooking &	food prep facilitie		Х)	
			Mobile H	ome (manut	factured	date) _					_ (Х)	
☐ Municipal U	lse		Addition/	Alteration	(specif	y)					_ (Х)	
vianicipai C				/ Building		· ·					(Х)	
			Accessory	/ Building A	ddition	n/Altera	tion (specify	y)			(Х)	
					- × =									
×				se: (explain)				1 0			(Х)	
	1						Corse		to a	24 x 34	(Х)	
* * *	"	X	Other: (ex	plain) 6 K	3601	Touse	LI BRUAR	7 /PC	1 Qu	MKIB175	1 16	2 X 2	4)+	288
I (we) declare that this	annlication	lincluding	FAILURE TO	OBTAIN A PER	RMIT or S	TARTING C	ONSTRUCTION	ı WITHOU	T A PERMI	T WILL RESULT IN PEI wledge and belief it is tru	NALTIES			
alli (ale) responsible i	or the detail	ii and accur	acv or all inform	iation i (we) am i	(are) provid	ting and tha	hailer all live to	unon by Re	whield Coun	ty in dotormining whath	arta icana	manually 1 forms	Constitution of the contract o	a Decidential Control of the Control
above described prope	yrieia Coun	ty relying o	on this informati	on I (we) am (ar	e) providin	ig in or with	this application	(we) con	ent to coun	nty officials charged with	administerin	g county ordir	ances to hav	e access to the
Owner(s):	John W	7 Ser	m		'}	MA						ate 8/	31/20	16
	ltiple Owr	ners liste	d on the Deed	d <u>All</u> Owners	must rig	or letter	(s) of authoriz	ation mu	st accomp	pany this application	_ D	ate		
Authorized Ager	/				()			_	-	- Pp. Gaton		nto		
The state of the s		ou are si	gning on beh	alf of the own	ner(s) a le	etter of au	ıthorization m	ust acco	mpany thi	is application)	_ 0	ate		
Address to send										TENTAL!		E	ttach	
	_						-					Conv of 7	av Statom	int)

In the box below: Draw or Sketch your Property (regardless of what you are applying for) **Show Location of: Proposed Construction** Show / Indicate: North (N) on Plot Plan (2)(3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5)Show: Show any (*): (6)(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7)Show any (*): (*) Wetlands; or (*) Slopes over 20% SLOPE OVER 20% STREAM INTERMITTENT STREAM SLOPE OVER 20% Application for this WELL CONSTRUCTION PROJECT

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measure	ment
Setback from the Centerline of Platted Road	128 Feet		Setback from the Lake (ordinary high-water mark)	NA	Feet
Setback from the Established Right-of-Way	120 Feet		Setback from the River, Stream, Creek	500	Feet
			Setback from the Bank or Bluff	ν/A	Feet
Setback from the North Lot Line	120 Feet				
Setback from the South Lot Line	1090 Feet		Setback from Wetland	NA	Feet
Setback from the West Lot Line	160 Feet	1	20% Slope Area on property	∑ Yes	☐ No
Setback from the East Lot Line	1100 Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	N/A Feet		Setback to Well	768	Feet
Setback to Drain Field	N/A Feet		*		
Setback to Privy (Portable, Composting)	35 Feet	he bo			

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible for previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (Count	y Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:			the state of the s
Permit #: 2/-0387	- 4	Permit Date: //-/	7-21		
Is Parcel in Common Ownership	☐ Yes (Deed of Record ☐ Yes (Fused/Contigu ☐ Yes	ious Lot(s)) No	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached Yes No
Granted by Variance (B.O.A.) ☐ Yes No Case	e #:	200	Previously Granted by		se #:
Was Parcel Legally Crea Was Proposed Building Site Deline	ated Yes 🗆 No			es Represented by Owner Was Property Surveyed	
Inspection Record: OWNER ON AND Storage Structure, barage will be 1. Date of Inspection: 7-21	~ × 24 Jame	kestownee 4	0 X 24 .	ly a garage	Zoning District (A61) Lakes Classification (3) Date of Re-Inspection:
a Hill (ATT - Committee on De	and Conditions Atta	chod? Type The (If I	No they need to be attac	the locally Co	outracted UDC inspec
agency prior to st	structure.	Must meel	and me:	paso pressurintain Sett	intracted UDC inspectived water or plus actes.
Signature of Inspector:	UNOV.	wood			Date of Approval:
Hold For Sanitary:			lavit:	Hold For Fees: 🗌	

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

ENTERED

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138

Fax – (715) 373-0114 e-mail: zoning@bayfieldcounty.org Website: www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

SEP 17 2021

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner JOHN BERTON + JOHN HOUSE Contractor	
Property Address 9499 Saures ve Authorized Agent	
PORTWWG Agent's Telephone	
Telephone	
Accurate Legal Description involved in this request (specify only the property involved with this	
www 1/4 of <u>NE</u> 1/4, Section <u>33</u> , Township <u>50</u> N., Range <u>8</u> W. Town of <u>Po</u>	
Govt. LotLot Block Subdivision	CSM#
Volume Page of Deeds Tax I.D# 28587	
Additional Legal Description:	
	ssification3
i 	
We, the Town Board, TOWN OF Port Wind , do	haraby recommand to
☐ Table ☐ Approval ☐ Disapprov	
Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan:	
Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval	
Streat for the base	
** THE FOLLOWING BUILT DE INCLUDED MUTILITIES FORM	2.7
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: Chairman DUSSILE Continue of the Continue o	accept the second
2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax Supervisor: Supervisor:	- Bagon
** NOTE: Supervisor:	
Receiving Town Board approval, <u>does not</u> allow the start of construction or business, you <u>must</u> first obtain your permit card(s) from the Planning and Zoning Department.	13/2021
Revised: November 2017	

\$175 BAFIEZO ZONUG

n ng hiti <mark>jing sloderara sake.</mark> Taman ilan

and the Market of the second

and the second second second

والمنافرة وأبرك مترسيس والمساء

en de la companya de la co

Silling and the latter of the

The state of the s

the figure particles and the second

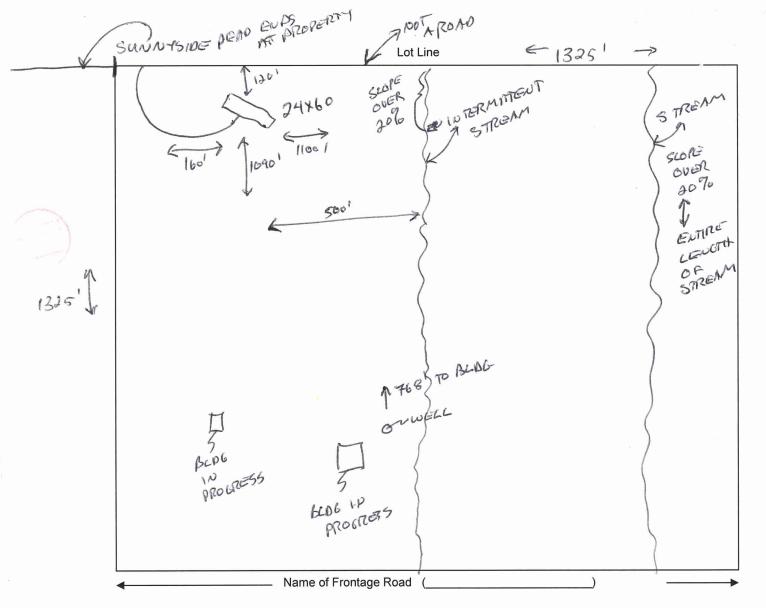
BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District A6-1

Lakes Class 3

I. APPLICATION IN (Please Print All Int		NC			Soil Test No:		Cou	inty mit No:		,	
Property Owner's Na	ame:	. (7	NO.		Fell	IIII NO.			
JOHN BERT	DN AND	JON F	OVE		County:		÷.	Bayf	ield		
Address of Property					Property L	ocation:					
9499 Sun	INSINE	LANE			NW 1/4,	NE 1/4, S	33 T	50 N	. 東凡	8	(or) W
Property Owner's M	ailing Addre	ess:			Township:			Gov. Lot			,
P.O. Box	12										
City, State		Zip Co		hone Nun	nber Lot#	Blo	ock #:	Subdivi	ision Nan	ne or CSN	A # ENTERE
II. TYPE OF BUILD			17 600	577433	57						
State Owned	. (0110	ok Ono)			Parcel ID			IN E	GE		
Public (Explain	the use/pu	rpose) Tax Numb	er(s):	-67	IS -		3 2021	N)
1 or 2 Family D	welling - No	. of Bedroo	ms	_	_		3587		MAY 2	3 2021	
III. TYPE OF PERM	IIT: (Check			A. Check	box on line B, if a	applicable)	Name of the				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A) New		Repl	acement	☐ C	ounty Private Inter	ceptor		Bay	field Co.	Zoning De	
Reconn	oction	Rep	o in		** [٦ - ،				, ,	
	ection	∟ кер	all	∟ к	evision ** _	Transfer	of Owner (List Previo	ous Own	er below)
B)	anitary Peri	mit was pre	viously iss	sued. <i>Pre</i>	evious Permit Nu	mber:	Dat	e Issued: _			
IV. TYPE OF NON-	PLUMBING	SYSTEM:	: (Check (One) * Re	eplacements need	previous p	ermit numb	er and date	e filled or	it ahove	
	-	_									A. Waster
C) L Pit Priv	y L	Vault P	rivy (Va	ault size:	gallons or _	cubic	yards)	7 Shi	murc.	NE	
Portah	le Privy	Campir	ng Transfe	ar I Init Co	ntainer 🗐	Composting					
				or or or or	illainei 📈	Composting	Jollets		cinerating	lollet	
V. ABSORPTION S	12 I EIVI IN	FURIVIATIO	JM.								
1. Gallons 2. A				rea	4 Loading Rate	5 Pa	rc Pate	6 Systo	m	7 Final (Crado
	bsorp. Are equired (S	a 3.	Absorp. A		4. Loading Rate (Gals. / Day / Sq.F		erc. Rate lin. Inch)	6. Syste Elev.	m (Feet)	7. Final (
Per Day F	bsorp. Are equired (S	a 3. q.Ft.) Pro	Absorp. A								
Per Day VI. TANK	bsorp. Are lequired (S	a 3. q.Ft.) Propacity	Absorp. Apposed (S	q. Ft.)	(Gals. / Day / Sq.F	=t.) (N	lin. Inch)		(Feet)	Elev. (Feet)
Per Day F	Lequired (S Cap In G	a 3. q.Ft.) Propacity allons Existing	Absorp. A					Elev.			
Per Day VI. TANK INFORMATION:	bsorp. Are Required (S Cap In G	a 3. q.Ft.) Propacity allons	Absorp. Absorp	q. Ft.) # of	(Gals. / Day / Sq.f	Prefab.	fin. Inch)	Elev.	(Feet)	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank	Lequired (S Cap In G	a 3. q.Ft.) Propacity allons Existing	Absorp. Absorp	q. Ft.) # of	(Gals. / Day / Sq.f	Prefab.	fin. Inch)	Elev.	(Feet)	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank /	Lequired (S Cap In G	a 3. q.Ft.) Propacity allons Existing	Absorp. Absorp	q. Ft.) # of	(Gals. / Day / Sq.f	Prefab.	fin. Inch)	Elev.	(Feet)	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber	Cap In G New Tanks	a 3. q.Ft.) Propacity allons Existing Tanks	Absorp. Absorp	q. Ft.) # of	(Gals. / Day / Sq.f	Prefab.	fin. Inch)	Elev.	(Feet)	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL	Cap In G New Tanks	a 3. q.Ft.) Propagations Existing Tanks MENT:	Absorp. Absorp	# of Tanks	(Gals. / Day / Sq.f	Prefab. Concrete	Site Constructe	Elev.	Fiber-glass	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s):	Cap In G New Tanks TY STATE ssume resp (Print) If api	a 3. q.Ft.) Propagations Existing Tanks MENT: consibility foolying for Section	Absorp. Absorp	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructe	Steel Steel ached plans	Fiber-glass	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s):	Caper In Good New Tanks TY STATE SSUME resp (Print) If app	a 3. q.Ft.) Propagation of the p	Absorp. Absorp	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructe	Steel Steel ached plans	Fiber-glass	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s):	Caper In Good New Tanks TY STATE SSUME resp (Print) If app	a 3. q.Ft.) Propagation of the p	Absorp. Absorp	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructe on the atta	Steel Steel ached plans	Fiber-glass	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s):	Caper In Good New Tanks TTY STATE Sume resp (Print) If apply	a 3. q.Ft.) Propagation of the p	Absorp. A oposed (S Total Gallons or installati ion C above J HOVE	# of Tanks	Manufacturer's Name Onsite sewage sys	Prefab. Concrete stem shown Signature(s	Site Constructe on the atta	Steel Steel ached plans mps)	Fiber-glass s. PRSW N	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (F	Caper In Good New Tanks TTY STATE Sume resp (Print) If apply	a 3. q.Ft.) Propagation of the p	Absorp. A oposed (S Total Gallons or installati ion C above J HOVE	# of Tanks	Manufacturer's Name onsite sewage sys Owner's Signature	Prefab. Concrete stem shown Signature(s	Site Constructe on the atta	Steel Steel ached plans mps)	Fiber-glass	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (F	Capin G New Tanks TTY STATE ssume resp (Print) If apply (Street, Cit	a 3. q.Ft.) Propagations Existing Tanks MENT: consibility for colying for Section for Section by State, Zip	Absorp. A or B) abo	# of Tanks	Manufacturer's Name onsite sewage sys Owner's Signature	Prefab. Concrete stem shown Signature(s	Site Constructe on the atta	Steel Steel ached plans mps)	Fiber-glass s. PRSW N	Elev. (Exper.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (F	Capin G New Tanks TY STATE Sume resp (Print) If apply (Street, Cit PARTMENT	ment: consibility for Section	Absorp. A oposed (S Total Gallons or installation C above of A or B) about Code)	# of Tanks on of the	Manufacturer's Name Onsite sewage sys Owner's S Jumber's Signature Home Pho	Prefab. Concrete stem shown signature(s	Site Constructe on the atta	Steel Steel ached plans mps)	Fiberglass s. PRSW N ess Phon	Elev. (Plastic o: e:	Exper. App.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (F	Capin G New Tanks TTY STATE ssume resp (Print) If apply (Street, Cit PARTMEN Disapp Owner	macity allons Existing Tanks MENT: consibility for section by State, Zip T USE ONL roved Given Initia	Absorp. A oposed (S Total Gallons or installating C above to A or B) about the Code of	# of Tanks on of the	Manufacturer's Name onsite sewage sys Owner's S lumber's Signature Home Pho	Prefab. Concrete stem shown signature(s	Site Constructe on the atta No Star	Elev. Steel Steel Ached plans mps) Busine Issuing Ac	Fiber-glass S. PRSW N ess Phon	Elev. (Plastic o: e:	Exper. App. Date:
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (F Plumber's Address: VIII. COUNTY / DE	Capin G New Tanks TTY STATE ssume resp (Print) If apply (Street, Circ PARTMENT Disapp Owner Advers	macity allons Existing Tanks MENT: consibility for section for Se	Absorp. A oposed (S Total Gallons or installation C above A or B) above Code) Y all attion	q. Ft.) # of Tanks on of the ve Pi	Manufacturer's Name onsite sewage system Owner's Signature Home Phote ermit/Transfer Fee	Prefab. Concrete stem shown signature(s	Site Constructe on the atta No Star	Elev. Steel Steel Ached plans mps) Busine Issuing Ac	Fiber-glass S. PRSW N ess Phon	Elev. (Plastic o: e:	Exper. App. Date:
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (F Plumber's Address: VIII. COUNTY / DE IX. CONDITIONS O	Capin G New Tanks TY STATE sume resp (Print) If apply (Street, Circ PARTMENT Disapp Owner Advers	macity allons Existing Tanks MENT: consibility for section for Se	Absorp. A oposed (S oposed	q. Ft.) # of Tanks on of the ve Pi	Manufacturer's Name Onsite sewage system Owner's Signature Home Phote ermit/Transfer Fee	Prefab. Concrete stem shown Signature(s e: (No Stan	on the atta No Star	Elev. Steel Steel Busing Steel Steel	Fiberglass s. PRSW N ess Phon	Plastic Plastic o: e:	Exper. App.
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (F Plumber's Address: VIII. COUNTY / DE IX. CONDITIONS O	Capin G New Tanks TY STATE sume resp (Print) If apply (Street, Circ PARTMENT Disapp Owner Advers	macity allons Existing Tanks MENT: consibility for section for Se	Absorp. A oposed (S oposed	q. Ft.) # of Tanks on of the ve Pi	Manufacturer's Name Onsite sewage system Owner's Signature Home Phote ermit/Transfer Fee	Prefab. Concrete stem shown Signature(s e: (No Stan	on the atta No Star	Elev. Steel Steel Busing Steel Steel	Fiberglass s. PRSW N ess Phon	Plastic Plastic o: e:	Exper. App. Date:
VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBIL I the undersigned, a Owner's Name(s): Plumber's Name: (F Plumber's Address: VIII. COUNTY / DE	Capin G New Tanks TY STATE sume resp (Print) If apply (Street, Circ PARTMENT Disapp Owner Advers	macity allons Existing Tanks MENT: consibility for section for Se	Absorp. A oposed (S oposed	q. Ft.) # of Tanks on of the ve Pi	Manufacturer's Name Onsite sewage system Owner's Signature Home Phote ermit/Transfer Fee	Prefab. Concrete stem shown Signature(s e: (No Stan	on the atta No Star	Elev. Steel Steel Busing Steel Steel	Fiberglass s. PRSW N ess Phon	Plastic Plastic o: e:	Exper. App. Date:

Plot Plan on reverse side
By In Replace



- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septie / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- I. Drain field to building
- m. Drain field to well
- n. Drain-field to lake, river, stream or pond

IMPORTANT
DETAILED PLOT PLAN

IS NECESSARY, FOLLOW

STEPS 1-7 (a-o) COMPLETELY

o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

PRIVY AGREEMENT

(ATTACHED TO THE SANITARY PERMIT APPLICATION)

M)	PROPERTY OF THE PROPERTY OF TH	Helicology and property of the control of the contr	MANAGEMENT CONTRACTOR		entramentaliste orral service treasmentalist manufacture describer				ACCORDERATE TO THE PROPERTY OF
٠,	↓ ?	Ω	0	1 0	E	001	ת ה	0	1 4

Property Owner(s	s):		3 1 1	
JOHN B	ERTON	AND	JON HOVE	2021R-588998
Mailing Address:			Property Address	
P.O. Box			9499 SWWYSIDE LANE	DANIEL J. HEFFNER BAYFIELD COUNTY, WI
Legal Description	1:		Section, Township, Range	REGISTER OF DEEDS
<u>/w</u>	1/4, <u>NE</u> 1/4,		33 s, 50 t, 8 R, W	II LALIII I II.
Gov't Lot	Lot#	CSM#	Vol & Page	RECORDING FEE: 30.00 PAGES: 1
Lot(s) #	Block(s) #	Subdivisi	on	Return To:
Tax ID#	8587		Date: 10 21 2016	ZONING
X. NO PLUME	B <i>ING</i> will be ins	talled in t	he habitable building.	1

- -2. <u>NO PLUMBING</u> includes: water closets, sinks, bathtubs or showers, laundry facilities, or any other fixture or receptacle receiving domestic waste, will be installed in the premises served by the privy unless a code compliant soil absorption system or holding tank exists, or a valid sanitary permit to install such a system has been issued.
- Æ. A privy vault / pit shall maintain minimum setbacks as specified in Table 1.

Table 1 Well		Building	Lake / Stream	Additional County Setbacks
OPEN PIT 50 Ft.		15 Ft.	Min. 75 Ft.	
SEALED VAULT	25 Ft.	15 Ft.	Min. 75 Ft.	

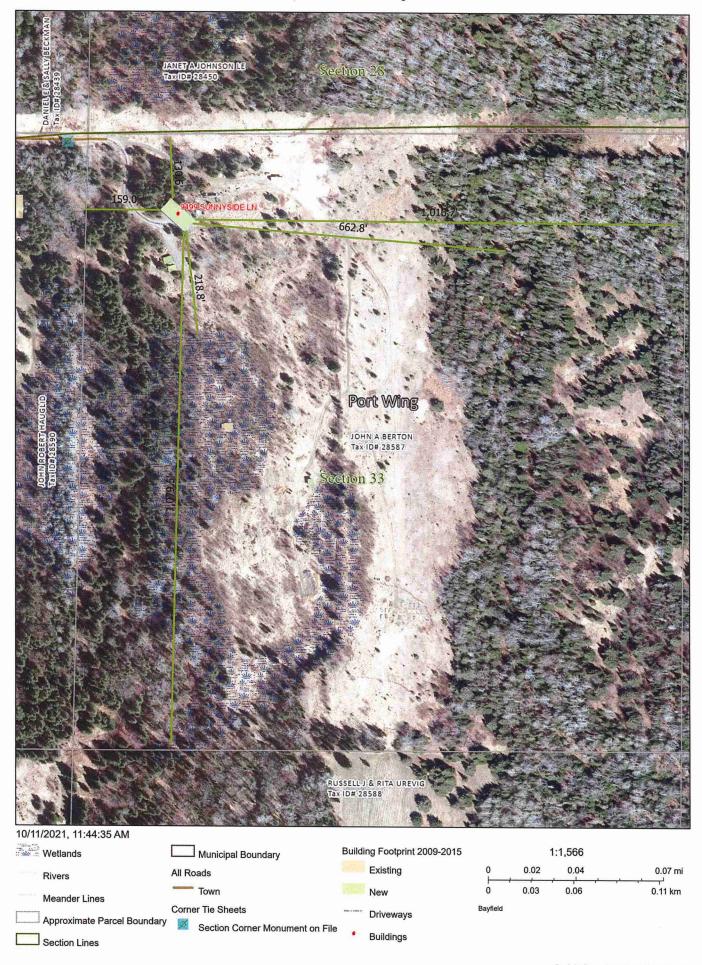
- Privies for public buildings shall comply with SPS 353.63.
- Privies used for one- and two-family purposes shall be constructed in such a manner so as to exclude flies, rats and other vermin. Doors should be self-closing and vault ventilators should terminate at least one foot above the roof.
- 6. Privies as per SPS 391.12 (1) states as follows:
 - (a.) The storage chamber of a vault privy shall conform with the requirements of s. SPS 384.25 relating to holding tanks, and shall have a minimum storage capacity of 200 gallons or one cubic yard.
 - (b.) The storage chamber of a pit privy shall be sited and located in soil recognized to provide treatment and dispersal in accordance with s. SPS 383.44 (4)(b).
- The privy shall be kept clean and sanitary. The contents of the pit or vault shall be disposed in accordance with NR 113, Wis. Adm. Code.
- 8. This agreement shall be binding on the owner, their heirs and assignees. This document shall be recorded by the Register of Deeds in a manner, which allows its existence to be determined by reference to the property where the privy is installed.

Owner(s) Signature:	This instrument was signed before me in the state of Wistonsia. County of Bayfield On this Alay October *2016 by: WSC Notary Public My commission expires on: 10 20 17
- John Harris Control of the Control	My commission expires on: 10/20/17

Drafted By: ______ (must be filled out by person submitting form) u/forms/sanitary/privyform (July 2016)

December 2012

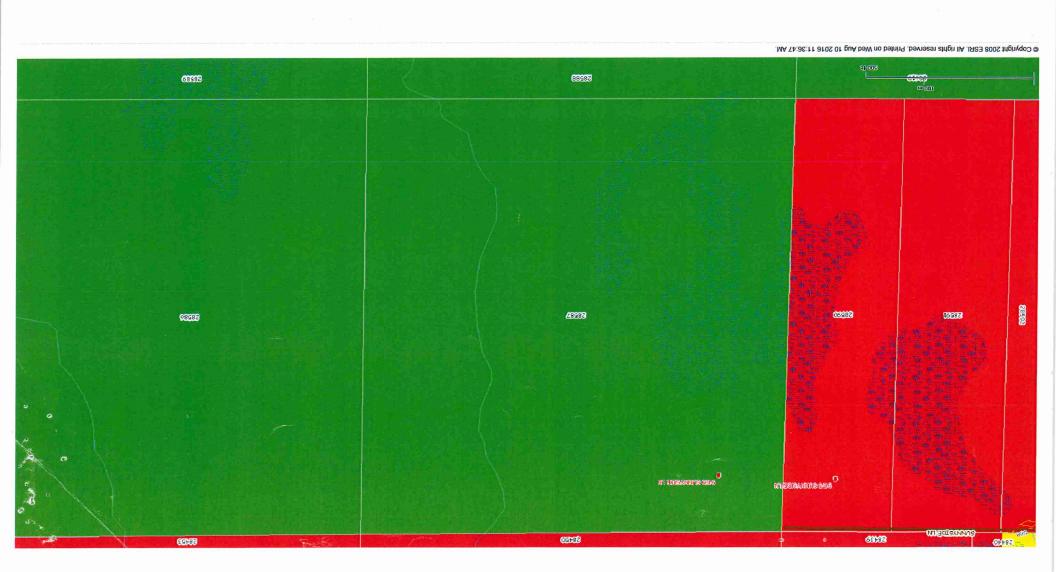
Bayfield County, WI

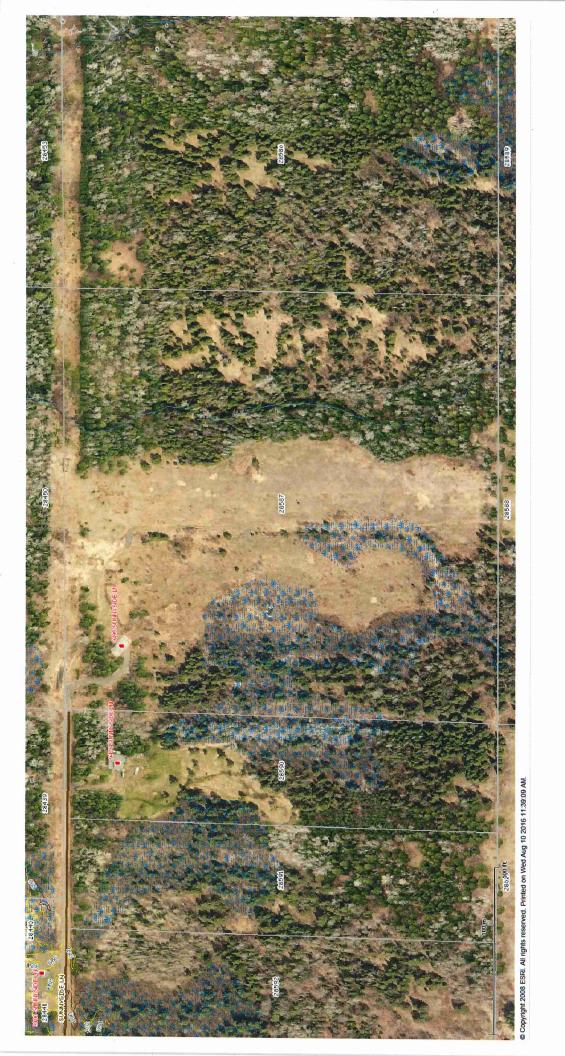


Bayfield County, WI



Bayfield County Land Records Department https://maps.bayfieldcounty.wi.gov/BayfieldWAB/





Real Estate Bayfield County Property Listing

Today's Date: 8/10/2016

EL.

ESN:

Created On: 3/15/2006 1:15:59 PM

Description	Updated: 2/18/201
Tax ID:	28587
PIN:	04-042-2-50-08-33-1 02-000-10000
Legacy PIN:	042108003000
Map ID:	
Municipality:	(042) TOWN OF PORT WING
STR:	S33 T50N R08W
Description:	NW NE IN V.925 P.848 613 IM 2005R-
	501414 IM 2005R-497925
Recorded Acres:	40.000
Calculated Acres:	38.029
Lottery Claims:	1
First Dollar:	Yes
Zoning:	(AG1) Agricultural-1

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
042	TOWN OF PORT WING
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE
Recorded Documents	Updated: 3/15/2006

127

63	CONVERSION	
10.00	COMATIVATOM	

Date Recorded: 501414 913-479;925-848

Ownership	Updated: 2/18/2014
JOHN A BERTON	PORT WING WI
JOHN O HOVE	PORT WING WI

Billing Address:
BERTON, JOHN A & HOVE
JOHN O
PO BOX 92
PORT WING WI 54865

Mailing Address: BERTON, JOHN A & HOVE, JOHN O

Property Status: Current

PO BOX 92 PORT WING WI 54865

P Site Address	* indicates Private Road	
9499 SUNNYSIDE LI	V	PORT WING 54865

Property Assessment		Updated:	7/20/2015
2016 Assessment Detail			
Code	Acres	Land	Imp.
5m-AGRICULTURAL FOREST	36.000	23,400	0
G1-RESIDENTIAL	1.000	4,200	26,000
G4-AGRICULTURAL	3.000	350	0
2-Year Comparison	2015	2016	Change
Land:	27,950	27,950	0.0%
Improved:	26,000	26,000	0.0%
Total:	53,950	53,950	0.0%

Property History

N/A

CARIER BEARING PLG20

DAMPER DOCTOR

5-30-246-2984

CAAAZ

\$154.51

Guardian Coxecurors.

(ex 28587

19 Mine (H storage between 2 existing car ports
05-0615 storage
06-0282 garage
12-0289 Barn 30 + 30

13-0423 Rus

· 13 - 0106 Strage

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X (Shoreland / Wetland)
SANITARY - X (Composting Toilet)
SIGN SPECIAL - TBA (Town of Port Wing-9/17/2021)
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0386 Issued To			To: Jo	John Berton & John Hove										
Location:	NW	1/4	of	NE	1/4	Section	33	Township	50	N.	Range	8	W.	Town of	Port Wing
Gov't Lot			L	.ot		Blo	ck	Sub	odivisio	n	3			CSM#	

Residential

For: Residence: [1- Story]; Residence (48' x 24'); Attached Garage (12' x 24') at a Height of 8'. Composting Toilet (Sunmar NE).

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction (if required). Must meet and maintain setbacks. Composting Toilet shall conform to NSF Standard 41 and be listed by a testing agency accepted by the Department of Safety & Professional Services.

Must meet the requirements of WI Administrative Code Chapter SPS 391.11.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

November 17, 2021

Date